



SAFEHAVEN

BIPP REFERRAL INFORMATION SHEET

PLEASE PROVIDE ALL INFORMATION & PRINT OR TYPE CLEARLY

<p>All services take place at SafeHaven of Tarrant County's Partner Abuse Intervention & Prevention (PAIP) Program 401 W. Sanford St. Suites 1100 & 1400, Arlington, TX 76011 • tel: 817-548-0880 EMAIL TO bippreferral@safehaventc.org</p>		
Referred for (check one):		
<input type="checkbox"/> PAIP MALE OFFENDER		<input type="checkbox"/> PAIP FEMALE OFFENDER
Men's Intervention for Non-Violence		Women's Intervention for Non-Violence
<p>Program Fee Schedule for male or female participant: Paid by <u>debit or credit card only</u>: \$75.00 Fee for intake assessment and orientation \$810.00 <u>Group fee</u> (27 sessions @ \$30/session) can be prepaid or in weekly or other installments.) \$885.00 Total</p>		
Date Referral Sent:		Offender / Client being referred:
Click here to enter a date.		Click here to enter text.
Referral Name:		Client Date of Birth:
Click here to enter text.		Click here to enter a date.
Referral Email Address:		Client Phone Number:
Click here to enter text.		Click here to enter text.
Client SID#	Client CID#	Client Zip Code (currently residing):
Click here to enter text.	Click here to enter text.	Click here to enter text.
Has this client been sentenced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volunteer		Have children been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Referring Agency: In the space below, provide details on the client's abusive behaviors toward an intimate partner that were assessed or reported during investigation as the reason for this referral.</p>		

Referral Signature

Date

Click here to enter a summary of the precipitating incident. Please include any relevant mental health and/or substance use histories:

PAIP OFFICE USE ONLY		
Date Received:		Received by:
Date of 1st Attempt:	By:	Resolution: <input type="checkbox"/> No Answer <input type="checkbox"/> Left Message <input type="checkbox"/> Spoke <input type="checkbox"/> Booked Intake
Date of 2nd Attempt:	By:	Resolution: <input type="checkbox"/> No Answer <input type="checkbox"/> Left Message <input type="checkbox"/> Spoke <input type="checkbox"/> Booked Intake
Date of 3rd Attempt:	By:	Resolution: <input type="checkbox"/> No Answer <input type="checkbox"/> Left Message <input type="checkbox"/> Spoke <input type="checkbox"/> Booked Intake
Notes:		
Final Resolution: <input type="checkbox"/> Unable to Contact <input type="checkbox"/> Completed Intake <input type="checkbox"/> Never Completed Intake		
Date Notified Referrer:	By:	Notes: